

City Of Duvall
PO Box 1300, Duvall, WA 98019

Vendor Registration Form

Primary Products: _____

Company Name: _____
Contact Person: _____ Phone _____
Address: _____
How Long in Business? _____

Trade References: (please provide company name/contact/phone number)

1. _____
2. _____
3. _____

Names & Titles of Company Owners/Officers:

Type of Organization (check one only):

☐ Corporation ☐ Proprietorship ☐ Partnership ☐ Non Profit ☐ Other

Type of Business (check one only):

☐ Manufacturer ☐ Distributor/Wholesaler ☐ Broker ☐ Dealer ☐ Service
☐ Contractor ☐ Consultant ☐ Other (please specify) _____

Business Classification:

Small Business: Yes ☐ No ☐ Women Owned & Operated: Yes ☐ No ☐
Minority Owned: Yes ☐ No ☐ Minority Certified: Yes ☐ No ☐

Name & Title of Person(s) Authorized to Sign Bids:

Do you provide any of the following (check all that apply):

☐ Surplus/Resale Products ☐ Hazardous Product Disposal ☐ Manufacture or offer
recycled products

I certify that the above information is correct _____

(signature)

(date)